

| POSITION                         | INITIALS        | ID NO.          | DATE           |
|----------------------------------|-----------------|-----------------|----------------|
| <b>FEE DETERMINATION</b>         | <i>D. B.</i>    | <i>XX-XX-XX</i> | <i>6-1-00</i>  |
| <b>O.I.P.E. CLASSIFIER</b>       |                 | <i>8</i>        | <i>69-00</i>   |
| <b>FORMALITY REVIEW</b>          | <i>C. Y. C.</i> | <i>JC 520</i>   | <i>7-20-00</i> |
| <b>RESPONSE FORMALITY REVIEW</b> |                 |                 |                |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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